



General Message Points on Community Health Centers and COVID-19 (for media)

Congress must pass emergency funding to ensure survival; and, long-term funding to stabilize the vital network of primary care providers on the frontlines of COVID-19 and communities experiencing increasing numbers of unemployed/uninsured people.

Community Health Centers are the Model of Care that We Need Now More than Ever

Community Health Centers generate economic activity while providing cost-saving care in local communities – every \$1 of federal funds Community Health Centers generate \$5.73 nationally and saves the health care system \$24 billion annually.

What we do and the investments we need from Congress:

- Provide comprehensive primary care on the frontlines during COVID-19 crisis and increasing numbers of uninsured and unemployed people.
 - Provide access to quality care to people who do not require emergency or intensive care – shock absorbers to overwhelmed hospitals (\$8 billion emergency immediately)
 - Increasing numbers of unemployed and uninsured people will need primary, behavioral and dental care. (\$41.9 billion over 5 years)
- Identify and address social determinants of health critical because of economic devastation and health disparities
- Provide innovative care that reaches beyond the walls of traditional medicine and responds emergencies and health trends as problem-solvers. (\$20 billion over 5 years to build/strengthen infrastructure for telehealth, etc)
- Train new health professionals to stem the tide of workforce shortages in culturally, regionally competent care. (\$7.8 billion over 5 years)

Leaders in Addressing Health Disparities

Health centers are uniquely positioned to address the health disparities that have become glaringly evident during this pandemic.

These disparities are overwhelmingly affecting people who live in poverty and lack adequate housing or food, including many in our African American, Latino, and Asian communities.

The only way to prevent the further spread of COVID-19 in these communities is to sustainably fund the providers who are already on the battleground testing them and caring for them.

More than 80 percent of health centers now have the ability to test for COVID-19.

Innovative, Community-Responsive Care

In a matter of weeks Community Health Centers have pivoted to address COVID-19 – converting their facilities, expanding telemedicine and launching drive-through and curbside testing sites. In addition, health centers are providing food to community members facing food insecurity.

They have radically changed how they practice medicine and are paying a heavy price with plummeting revenues, reduced visits because patients are no longer coming in for routine care, thousands of site closures and furloughed staff.

There remains a widespread shortage of protective gear (PPE), such as surgical and N95 masks, goggles and gowns, which has made it difficult for health center staff to safely screen patients for COVID-19. More than 1,400 health center staff have tested positive for COVID-19 so far. While some of these infections may not have occurred on the job, health center staff are putting their lives on the line to provide care.

The Need for a Strong Primary Care Foundation After COVID-19

Our best defense against the next pandemic is a strong public health system.

Health centers have the essential tools to be part of a national sentinel monitoring system which can plan and prepare for future public health threats beyond COVID-19.

Sustainable funding is needed to address the critical facility needs and expand access to preventive care in medically underserved communities where the populations are most vulnerable to pandemics. As it stands, a large portion of that funding runs out in November unless Congress acts.

This pandemic will leave its mark on U.S. health care long after the immediate threat passes, and another crisis awaits: lack of access to affordable care for the millions of people who have lost their jobs and health insurance.

Investing in health care is especially critical for rural America which has not been spared from COVID-19 and where there are disproportionate shares of residents who are older, disabled and have chronic health conditions. These areas also have fewer hospitals and doctors.

Millions are staying home now because they are afraid to seek routine check-ups. Chronic health conditions are worsening during stay-at-home orders.

Provider shortages in medically underserved communities can be addressed with health centers and increased funding to workforce programs, e.g. National Health Service Corps and Teaching Health Centers Graduate Medical Education.